

**CIGARETTE DISTRIBUTOR'S
APPLICATION FOR DEFERRED PAYMENT OPTION**

BUSINESS NAME	DISTRIBUTOR PERMIT NUMBER CR ET 02-
AMOUNT OF DEFERRED CREDIT REQUESTED \$	
PAYMENT OPTION <i>(please check only one)</i> <input type="checkbox"/> Weekly payment without a security deposit <input type="checkbox"/> Weekly payment with a security deposit <input type="checkbox"/> Monthly payment <input type="checkbox"/> Twice-Monthly payment	
CIGARETTE DISTRIBUTOR E-MAIL ADDRESS <i>(e-mail address of designated person responsible for payment processing)</i>	CONTACT TELEPHONE NUMBER ()

On behalf of the above distributor, the undersigned certifies the following:

Cigarette distributor voluntarily and freely elects to make deferred payments for purchases of cigarette tax stamps or meter register settings based on the designated option chosen above for a period of at least one year from the date the election is made in accordance with section 30168 of the Cigarette and Tobacco Products Tax Law.

NAME AND TITLE OF DISTRIBUTOR'S PRINCIPAL OWNER OR AUTHORIZED REPRESENTATIVE	
SIGNATURE OF DISTRIBUTOR'S PRINCIPAL OWNER OR AUTHORIZED REPRESENTATIVE	DATE

If your application is approved, you will be notified in writing of the credit limit and effective start date for your deferred payments. If your election is not approved, you will be notified in writing.

Note to signatory: If you are not a corporate officer, partner, or owner, this signature certifies under penalty of perjury that you hold power of attorney to authorize permission to elect a deferred payment option for purchasing cigarette tax stamps or meter register settings.

Mail to:

STATE BOARD OF EQUALIZATION
Excise Taxes Division MIC:56
Attn: Security Desk
PO Box 942879
Sacramento, CA 94279-0056